

**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE:

CHAPTER 13

GLORIA KEARSE

Debtor(s)

NO. 20-11014 ELF

SUGGESTION OF DEATH

TO THE CLERK OF COURT:

AND NOW, this 27TH of September, 2021, it is suggested of record that Debtor, Gloria Kearsse died on JUNE 26, 2021. A copy of debtor's Death Certificate is attached hereto.

Date: September 27, 2021

/s/Kenneth E. West

KENNETH E. WEST, ESQUIRE

Douglass, West & Associates

830 Lansdowne Avenue

Drexel Hill, PA 19026

Phone No.: 610-446-9000

Fax No.: 610-449-5380

Counsel for Debtor(s)

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

This is to certify that the information here correctly copied from an original Certificate duly filed with me as Local Registrar. The certificate will be forwarded to the State Records Office for permanent filing.



Steven Karr

JUL 06

Local Registrar

Date Issued

Certification Number

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) **Glenn Kearse**

2. Sex **Female**

3. Date of Death (Month, day, year) **June 26, 2021**

4a. Age Last Birthday (Year) **59**

4b. Under 1 Year: Months **0** Days **0**

4c. Under 1 Day: Hours **0** Minutes **0**

5. Date of Birth (Month/Day/Year) (Spell Month) **May 08, 1962**

6a. Birthplace (City and State or Foreign Country) **New York, New York**

6b. Birthplace (County) **Queens**

7a. Residence (State or Foreign Country) **Pennsylvania**

7b. Residence (Street and Number - include Apt No.) **22 E Marshall Road**

7c. Old Decedent Lived in a Township? **No, decedent lived within limits of Landsdowne**

8a. Residence (Zip Code) **19050**

9. Marital Status at Time of Death: ☒ Married ☐ Widowed ☐ Divorced ☐ Never married

10. Surviving Spouse's Name (if wife, give name prior to first marriage)

11. Father / Parent's Name (First, Middle, Last, Suffix) **Curtis Kearse**

12. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) **Arlene Williams**

13a. Informant's Name **Arlene Williams**

13b. Informant's Relationship to Decedent **Mother**

14a. Informant's Mailing Address (Street and Number, City, State, Zip Code) **6123 Reinhard Street Philadelphia, PA 19142**

15. Place of Death (Check only one): ☐ Hospital ☐ Nursing Home/Long-Term Care Facility ☐ Hospice Facility ☒ Decedent's Home

16a. Facility Name (if not institution, give street and number) **22 E Marshall Road**

16b. City or Town, State, and Zip Code **Landsdowne, Pennsylvania 19050**

16c. Date of Disposition **June 30, 2021**

16d. County of Death **Delaware**

17a. Method of Disposition: ☐ Burial ☒ Cremation ☐ Other (Specify)

17b. Location of Disposition (City or Town, State, and Zip) **Landsdowne, Pennsylvania 19050**

17c. Name and Complete Address of Funeral Facility, Wood Funeral Home Inc **5537-39 W Girard Avenue Philadelphia, Pennsylvania 19131**

17d. Signature of Funeral Service Licensee or Person in Charge of Informant **Wanda Annette Wood (Electronically Signed)**

17e. License Number **FD013126L**

18. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be: ☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander

19. Decedent's Ethnic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. ☒ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (Specify)

20. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be: ☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander

21. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. **Bus Operator**

22. Name of Business/Industry **Septa**

23a. Date Pronounced Dead (Month/Day/Year) **June 26, 2021**

23b. Time Signed (Month/Day/Year) **01:00 PM**

24. Signature of Person Pronouncing Death (Print when applicable) **Genevieve Minick**

25. Was Medical Examiner or Coroner Contacted? ☐ Yes ☒ No

26. License Number

27. Part I: Enter the cause of death - disease, injury, or complication - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.

28. Cause of Death: **Pulmonary Embolus, suspected**

29. Cause of Death: **Respiratory Arrest**

30. Cause of Death: **Cardiac Arrest**

31. Cause of Death: **Due to (or as a consequence of):**

32. Part II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

33. If Female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 42 days to 1 year before death (Indicate if pregnant within the past year)

34. Did Tobacco Use Contribute to Death? ☐ Yes ☒ Probably ☐ Unknown

35. Nature of Injury (Date/Day/Year) (Spell Month)

36. Location of Injury (Street and Number, City, State, Zip Code)

37. Describe How Injury Occurred

38. Injury at Work? ☐ Yes ☒ No

39. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Other (Specify)

40. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): ☒ Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☐ Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

41. Signature of certifier: **GENEVEIVE MINICK**

42. Name, Address and Zip Code of Person Completing Certificate of Death (Item 24) **GENEVEIVE MINICK, Crozer-Keystone Ctr For Family Springfield, Pennsylvania 19054**

43. Registrar's District Number **23-236**

44. Registrar's Signature **Steven J Karr (Signature on File)**

45. Date Signed (Month/Day/Year) **June 29, 2021**

46. Registrar's Date (Month/Day/Year) **July 08, 2021**

47. License Number **MD418978**